

Suggested work plan format including evaluation

- Please note: This example does not list individuals or staff positions responsible for gathering data (Box 8), responsible for accomplishing the objective (Box 9), and responsible for accomplishing the activity (Box 11). This is very important information that you need to complete for your particular work plan.
- As the objectives in this work plan are time phased, specific dates for each activity are not required (Box 12). However, setting target dates for activity completion will help you in planning your program.

1. LEA New York City Department of Education

2. Priority: HIV

3. 3 rd FY Goal I: Strengthen HIV/AIDS/STI education within the coordinated school health education programs.			
4. 3 rd FY Objective 1: By the end of the fiscal year, the NYC DOE/OSH Health Education Unit Comprehensive Health Coordinators will review the annual HIV/AIDS plans for 50% of NYC High Schools.			
5. Rationale for Objective: To assess strengths and weaknesses and determine the need to provide technical assistance to high schools, annual HIV/AIDS plans need to be reviewed.			
6. Measures of accomplishment a. Annual HIV/AIDS plans collected. b. Collected HIV/AIDS plans reviewed.	7. Data sources to measure accomplishment a. List of high schools with annual HIV/AIDS plans. b. List of reviewed HIV/AIDS plans. c. List of priority schools identified.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity		12. Activity time line
a. Conduct meetings between DOE/OSH/HEU staff, RHDs, and HS health education staff to review the HIV/AIDS annual plans. b. Conduct site visits to HSs with PDir and RHDs to review HIV/AIDS Plans in NYC HSs. c. List of HSs with reviewed HIV/AIDS plans.			

4. 3 rd FY Objective 2: By the end of the fiscal year, Comprehensive Health Coordinators will conduct HIV/AIDS/STI trainings for 50% of Regional Health Directors (RHDs) and 50 HS administrators.			
5. Rationale for Objective: To maintain effective delivery of HIV/AIDS/STI programs and services, Regional Health Directors and HS administrators need to be trained in the specific subject matter.			
6. Measures of accomplishment a. List of trained RHDs and HS administrators.	7. Data sources to measure accomplishment a. Training attendance sheets for RHDs and HS administrators b. Pre- and post-training evaluations submitted by RHDs and HS administrators	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective a. Schedule trainings. b. Invite participants. c. Track training registrations/attendance. d. Conduct trainings for RHDs and HS administrators. e. Analyze pre- and post training evaluation data and write report. f. Share evaluation report with DOE/OSH/HEU and DOH/MH.		11. Primary person(s) responsible for accomplishing activity	12. Activity time line
4. 3 rd FY Objective 3: By the end of the fiscal year, Comprehensive Health Coordinators will conduct citywide and/or regional high school HIV/AIDS/STI curriculum trainings for a minimum of 75 teachers.			
5. Rationale for Objective: To improve the effectiveness of teachers to provide instruction on the newly developed HIV/AIDS curriculum to students.			
6. Measures of accomplishment a. List of trained HS teachers.	7. Data sources to measure accomplishment a. Track training registrations/attendance. b. Pre- and post-training evaluations submitted by HS	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective

	teachers.		
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity		12. Activity time line
a. Schedule trainings. b. Invite participants. c. Track training registrations/attendance. d. Conduct trainings for HS teachers. e. Analyze pre- and post training evaluation data and write report. f. Share evaluation report with DOE/OSH/HEU and DOH/MH.			

4. 3 rd FY Objective 4: By the end of the fiscal year, Comprehensive Health Coordinators will conduct a minimum of four regional comprehensive school health trainings for nonlicensed health education teachers to integrate existing HIV/AIDS/STI strategies into the CSHE curriculum.			
5. Rationale for Objective: To improve the effectiveness of non-licensed health education teachers to provide instruction on comprehensive health and HIV/AIDS/STI education to students.			
6. Measures of accomplishment	7. Data sources to measure accomplishment	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
a. List of Regional trainings held. b. List of trained nonlicensed health education teachers.	a. Training attendance sheets for nonlicensed health education teachers. b. Pre- and post-training evaluations submitted by nonlicensed health education teachers.		
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity		12. Activity time line
a. Prepare training. b. Schedule trainings. c. Invite participants. d. Track training registrations/attendance. e. Conduct trainings for nonlicensed health education			

teachers. f. Analyze pre- and post-training evaluation data and write report. g. Share evaluation report with DOE/OSH/HEU and DOH/MH.		
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4. 3 rd FY Objective 5: By the end of the fiscal year, Comprehensive Health Coordinators and Regional Health Directors will provide technical assistance and support to a minimum of 50 high schools.			
5. Rationale for Objective: To increase the number of schools incorporating HIV/AIDS/STI education into their curricula.			
6. Measures of accomplishment a. List of sites receiving technical assistance on HIV/AIDS/STI prevention.	7. Data sources to measure accomplishment a. TA tracking logs.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity		12. Activity time line
a. Provide TA and support via phone, e-mail, and site visits. b. Track TA given by site, job title, and specific topic. c. Solicit feedback from high schools.			

4. 3 rd FY objective 6: By the end of the fiscal year, Comprehensive Health Coordinators will provide technical assistance in comprehensive school health education and HIV/AIDS/STI prevention education to a minimum of 25 schools, grades 7-12.			
5. Rationale for objective: To increase the number of schools aware of the need to incorporate mandatory HIV/AIDS/STI policies and programs into CSHE curriculum.			
6. Measures of accomplishment a. List of schools who have received TA on HIV/AIDS/STI prevention.	7. Data sources to measure accomplishment a. TA tracking logs.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity		12. Activity time line

a. Provide TA and support via phone, e-mail, and site visits. b. Track TA given by site, job title, and specific topic. c. Solicit feedback from schools.			
4. 3 rd FY objective 7: By the end of the fiscal year, Comprehensive Health Coordinators and a Grant Review Committee will award <i>Be Active in Self Education</i> (BASE) grants to a minimum of 50 high schools for student-led HIV/AIDS peer education projects.			
5. Rationale for objective: To encourage young people to become involved with peer education projects in their schools and communities.			
6. Measures of accomplishment a. List of peer education programs and student-led projects selected for funding.	7. Data sources to measure accomplishment a. List of HSs invited to the conference. b. Conference attendance records. c. Conference attendee evaluations. d. List of grant applications. e. List of awardees.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective		11. Primary person(s) responsible for accomplishing activity	12. Activity time line
a. Track conference attendance. b. Analyze post-conference attendee evaluations. c. Send letters to prospective reviewers inviting them to participate on the selection committee. d. Conduct meetings to determine criteria for grant selection. e. Review BASE grant applications, select, and notify award recipients. f. Monitor the grants and provide TA, as needed.			

4. 3 rd FY objective 8: By the end of the fiscal year, Comprehensive Health Coordinators will publish and disseminate a minimum of three <i>HIV/AIDS Update</i> Newsletters.			
5. Rationale for objective: To increase the knowledge and ability of teachers and nonlicensed health educators to provide HIV/AIDS/STI instruction.			
6. Measures of accomplishment a. At least three newsletters published and distributed at HIV/AIDS-related conferences, trainings, and meetings.	7. Data sources to measure accomplishment a. Mailing list. b. Bulk distribution list.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity		12. Activity time line
a. Develop HIV/AIDS materials that are submitted to the committee. b. Schedule and conduct committee meetings. c. Committee reviews and selects materials for newsletter. d. Publish and oversee distribution of the newsletters.			

Work Plan Instructions

1. **SEA, LEA, TEA:** the state, city, or territory in which your project takes place.
2. **Priority:** the priority under which your work is funded (e.g. HIV, CSHP, asthma, food safety, YRBS).
3. **Goal I:** a broad statement of program purpose which describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem (e.g. HIV, obesity, tobacco-use prevention), and identify the target population to be affected (e.g. middle school students, school districts, health education teachers).
4. **Objective 1:** a statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be **SMART**, that is, **Specific**, **Measurable**, **Achievable**, **Realistic**, and **Time-phased**. **Specific** objectives include *who* will be targeted and *what* will be accomplished; **measurable** objectives include *how much* change is expected specifically enough that achievement of the objective can be measured through counting or through documenting change or completion; **achievable** objectives can be realistically accomplished given existing resources and constraints; **realistic** objectives address the scope of the problem and reasonable programmatic steps; and **time-phased** objectives provide a time line indicating when the objective will be measured or a time by which the objective will be met.
5. **Rationale for the objective:** why you think the objective will contribute to accomplishing the goal. You may refer to a logic model that shows the objective leading to the desired outcomes or you may provide context that shows why this objective is necessary given your program's resources or constraints.
6. **Measures of accomplishment:** these are the quantifiable criteria that describe how you know if you succeeded in accomplishing an objective. Measures might include target numbers (e.g. 100 middle school health education teachers trained) or they might include quantifiable changes (such as middle school teachers having increased confidence in teaching a health education curriculum after attending a professional development event) or completion of an activity. To the extent possible, measures of accomplishment should be aligned with the *School Health Program Indicators*.
7. **Data sources to measure accomplishment:** data sources might include rosters, phone logs, agendas, surveys, observations, interviews, or focus groups. The data sources are used to assess whether an objective has been achieved and a summary of the data are reported to DASH. The data sources themselves are not provided to CDC. (You do not need to provide meeting rosters from an advisory meeting of school principals, for example. Data sources should be kept, however, and should be available on the request of your project officer during site visits, for example.) Data sources should be summarized to report

complete, partial, or unmet objectives in progress reports (only 20, not 40 people attended meetings; participants were school principals as intended, not other school staff; and the intended outcomes of the meetings were achieved).

8. **Primary person(s) responsible to gather data:** who is most responsible to gather and report on the data that measure whether objectives have been accomplished.
9. **Primary person(s) responsible for accomplishing objective:** who is most responsible to accomplish the objective.
10. **Activities in support of this objective:** describe anticipated events that take place as part of a program in support of the objective. Although we include only four activities in the work plan format for each objective, you should list all activities for each objective.
11. **Primary person(s) responsible for accomplishing activity:** who is most responsible to accomplish programmatic activities in support of the objective.
12. **Activity time line:** when you anticipate completing each activity.